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Mild bronchial asthma: The present and the future

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Abstract

© 2018 Medical Education. All rights reserved. Mild asthma is characterized by infrequent and slight clinical manifestations and, therefore, is paid lack of attention both from patients and physicians. Physicians tend to underestimate risk of severe exacerbations including asthmatic status in patients with mild asthma. Patients with mild asthma are often poorly adherent to treatment. Also, certain difficulties are related to timely and correct diagnosis and the choice of the optimal treatment by primary care physicians who are first physicians encountering such patients. The paradoxus of asthma and use of short-acting β2-agonists (SABA) to treat chronic airway inflammation lead to excessive dependence on rescue inhalers and insufficient adherence to maintenance anti-inflammatory therapy. This could trigger acute exacerbations and even fatal outcomes in patients with mild asthma. Therefore, SABA monotherapy has to be limited. Easy-to-use questionnaires, algorithms and treatment protocols accessible for primary care physicians could improve detection of mild asthma. Favorable results of clinical trials on as-needed use of budesonide/formoterol Turbuhaler®could change the management paradigm for mild asthma regarding risk of exacerbations, control of asthma symptoms, airway inflammation, and cost-efficacy.

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Keywords

As-needed use of inhaled corticosteroid/long-acting β2-agonist combination, Budesonide/formoterol, Inhaled corticosteroids, Mild asthma, Short-acting β2-agonists

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